

# IMPROVING REPRODUCTIVE HEALTH IN ROMANIA

Since the early 1990s, the Romanian government has taken dramatic steps to improve women's health following decades of restrictions on family planning that contributed to many unplanned births and unsafe abortions. Working with international donors, the government has expanded access to modern contraceptives and related health services and, more recently, developed a national reproductive health strategy—the first of its kind in Eastern Europe. Nevertheless, challenges remain in reaching the most vulnerable women and expanding the types and quality of services provided.

To help policymakers and program managers assess and respond to current needs, three nationwide surveys on reproductive health were conducted during the 1990s. This brief provides highlights of the surveys' findings on fertility, abortion, contraceptive use, violence against women, and the special needs of young adults. It also highlights some of the steps taken to address issues identified in the survey results, as well as remaining challenges.

## Background

In the early 1990s, Romania was faced with the reproductive health consequences of a rigorously enforced pronatalist policy—in place for more than two decades—that restricted women's access to contraception and abortion. In the 1960s, the Ceausescu government tried to reverse the country's fertility decline by outlawing abortion, restricting all means of contraception, launching a propaganda campaign against hormonal contraception, and introducing incentives to encourage women to have more births. To avoid unplanned births, many women resorted to illegal abortions (most of them self-induced or performed by an untrained individual under unsafe conditions), which contributed to Romania having the highest maternal death rate in Europe. Because a significant number of births were unplanned, state institutions had to house many children whose families who could not afford to raise them.

After the fall of Ceausescu's government in 1989, health policymakers responded quickly to



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Women's reproductive health improved in Romania during the 1990s, as family planning and maternal health services became more widely available and unsafe abortions declined.

lift restrictions on contraception and abortion and to develop the first national family planning program. They also introduced new technologies in newborn and maternal health services, as infant mortality rates were also among the highest in Europe. Throughout the next decade, the government also took measures to prevent the spread of sexually transmitted infections (STIs), including HIV/AIDS, and to address violence against women.

To address such a broad range of issues, health planners needed access to reliable data about the reproductive health status and needs of Romania's population. In 1993 and 1999, with assistance from the Division of Reproductive Health, U.S. Centers for Disease Control and Prevention (CDC), a consortium of Romanian governmental and nongovernmental agencies conducted nationally representative surveys of women of reproductive age (15 to 44). The surveys, entitled Reproductive Health Surveys (RHS), assessed a range of reproductive health behaviors, including childbearing, contraceptive use, and abortion, and identified factors that might change the behaviors. Also, in 1996, a special survey was conducted of young adults

Table 1

**Births and Abortions\* per Woman, by Selected Characteristics, 1999**

(Women ages 15-44)

	Births	Abortions
<b>Total</b>	1.3	2.2
<b>By Residence</b>		
Urban	1.0	2.0
Rural	1.8	2.4
<b>By Education</b>		
Primary	2.5	3.3
Secondary (incomplete)	1.3	2.5
Secondary (complete)	1.2	2.0
Postsecondary	0.9	1.2
<b>By Ethnicity</b>		
Romanian	1.2	2.1
Hungarian	1.3	1.2
Roma	2.6	4.6

\*Abortions refer to induced abortions only, not spontaneous abortions (miscarriages).

**SOURCE:** CDC, Reproductive Health Survey Romania, 1999.

between the ages of 15 to 24, which documented knowledge and attitudes related to reproductive health, sexual behavior, and use of contraception.

### Childbearing Trends

During the 1990s, Romania's fertility rate (the average number of births per woman) continued the decline of previous decades, falling from 1.6 births per woman in 1993 to 1.3 in 1999, according to the RHS surveys (this figure is estimated at 1.2 in 2003<sup>1</sup>). Most of the drop in fertility in the 1990s occurred among women ages 15 to 24, largely because couples married at later ages. Childbearing over age 25, however, remained more or less unchanged during this period. Such low fertility has contributed to a recent population decline—a major concern for some policymakers.

Childbearing differs markedly according to the characteristics of certain groups of women. Women who live in urban areas have on average one child fewer than women who live in rural areas (see Table 1). Women with low levels of education (primary education or less) and low socioeconomic status report much higher fertility than women with more education and higher socioeconomic status. Among various ethnic groups, Roma women have the highest fertility in the country. Nonetheless, women's childbearing preferences vary little; most women in Romania have little desire to have more than two children.

### Abortion and Contraception

In the early 1990s, Romania had one of the highest abortion rates in Europe and probably in the world. Since then, official statistics show that abortion rates have gradually declined, and the 1999 RHS survey confirmed a 35 percent decline from 1993 to 1999. During that period, the rate dropped from 3.4 to 2.2 abortions per woman. Nevertheless, abortions still exceed live births (see Table 1).

For decades, women have relied more on traditional methods of contraception and abortion than on modern contraception to prevent unintended pregnancies. Traditional methods commonly include withdrawal and calendar methods, while modern methods include condoms, hormonal pills, intrauterine devices, and sterilization. Contraception was banned before 1989, and even after the ban was lifted, many health care providers were unfamiliar with contraceptive methods and offered few contraceptive services to women. Recently, the efforts of the government and international organizations to expand family planning services have begun to reverse these tendencies, but further expansion and use of these services is still critically needed.

### Abortion

Abortions occur mainly among women in their twenties, followed by women in their early thirties. Abortions exceed births among women over age 30, suggesting that once women have reached their desired family size, most pregnancies are unintended and intentionally terminated.

As shown in Table 1, the abortion rate is higher among women living in rural areas, women with low levels of education, and among Roma communities. Women's reported reasons for having abortions fall into several major categories: for limiting childbearing, for socioeconomic reasons (such as low income or unemployment), and for partner-related reasons (such as out of wedlock pregnancies). Only 7 percent of abortions are performed for medical reasons related to the mother or fetus.

Though maternal deaths have fallen substantially, from 170 deaths per 100,000 live births in 1989 to 22 per 100,000 in 2002, complications of abortions still account for almost one half of women's deaths related to pregnancy and childbirth (see Figure 1). In the 1999 RHS, about 8

percent of women reported experiencing medical complications following an abortion.

### Current Contraceptive Use and Potential Need

Consistent with the reported decline in abortion rates, contraceptive use rose during the 1990s, from 57 percent of married women\* in 1993 to 64 percent in 1999. More importantly, the use of modern contraceptive methods doubled during that time period, from 14 percent to 30 percent. Modern methods are far more effective than traditional methods at preventing pregnancy. Based on the 1999 RHS data, the failure rate during one year of use is 7 percent for modern methods, compared with 27 percent for traditional methods.

In 1999, 34 percent of married women were still using traditional methods (see Figure 2). As a result of such high use of less effective methods (combined with non-use), a large proportion of pregnancies are reported as unintended—either mistimed or unwanted (see Figure 3). The vast majority of these unintended pregnancies end in abortion, suggesting that women are strongly motivated to avoid unplanned births. Traditional method use is highest in rural areas (41 percent), where abortion rates are also highest.

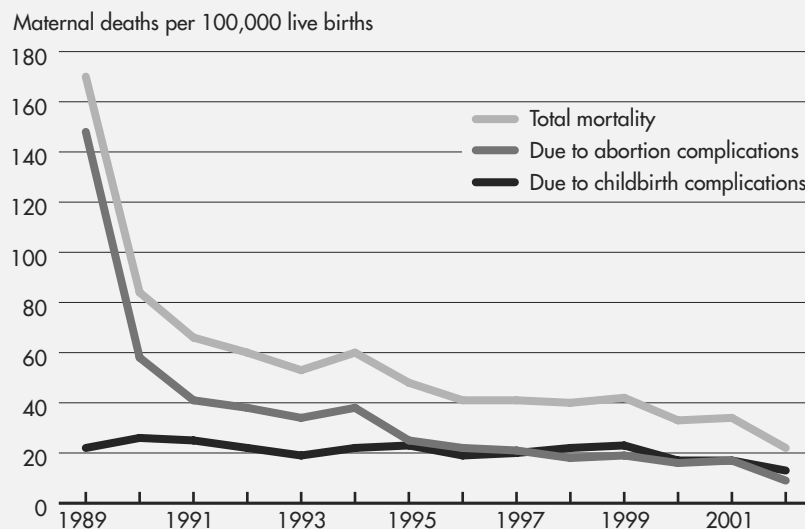
Thirty-nine percent of married women say they prefer to delay or stop childbearing but are either not using a method or are using a less effective, traditional method. Greater use of modern contraceptives can help lower abortion rates: A study of data from 12 countries in the region concluded that abortion rates could be reduced by as much as 57 percent if women using traditional methods and women not using contraception (but wanting to avoid pregnancy) were to use modern contraceptive methods.<sup>2</sup>

Fewer than 3 percent of married women in 1999 reported using permanent methods of contraception—female or male sterilization—as they have not been widely available. Another 7 percent of married women reported using intrauterine devices, a method that has shown to provide very effective protection for five years or more. The remainder of women using modern methods rely on “supply” methods such as oral pills, condoms, and spermicides.

Working in partnership with donor agencies and nongovernmental organizations, the government’s recent efforts include training health

Figure 1

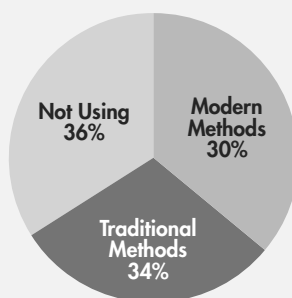
### Maternal Mortality and its Major Causes, Romania 1989-2002



SOURCE: Center for Health Statistics, Ministry of Health, Romania.

Figure 2

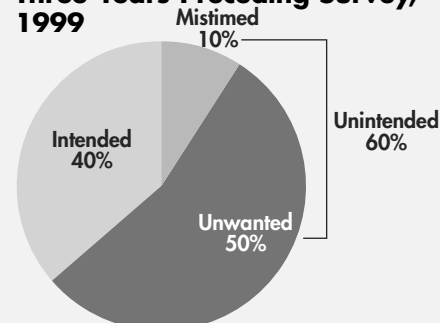
### Contraceptive Use Among Married Women, 1999



SOURCE: Reproductive Health Survey Romania, 1999.

Figure 3

### Planning Status of Pregnancies, Three Years Preceding Survey, 1999



providers, increasing the supply of contraceptives, and expanding the number of service sites. Over the last three to four years, Romania has rapidly expanded the family planning program as part of primary health care, including in rural areas where the need seems to be greatest. Free contraceptives have been offered to a broad range of women, family physicians and nurses have been trained, and information campaigns have been conducted. These efforts are thought to have led to further increases in contraceptive use. Future surveys can document programmatic successes and identify remaining needs.

\* Survey results for married women include women in consensual unions.

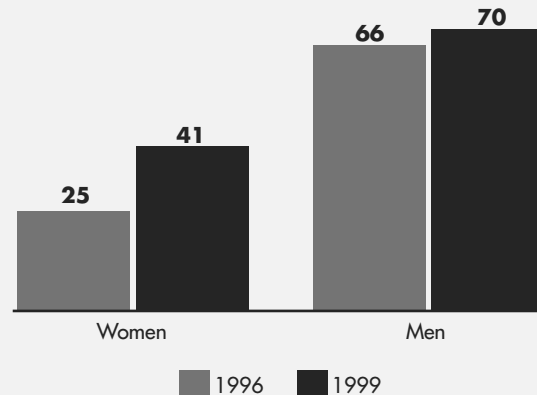
## Sexual and Contraceptive Experience of Young Adults

Although most young people do not engage in sexual activity during their teen years, the 1999 RHS results showed that the proportion of young women ages 15 to 24 having sexual relations before marriage increased from 25 percent in 1996 to 41 percent in 1999 (see Figure 4). Premarital sex among young men is higher but increased less rapidly during the same time period.

Figure 4

### Trends in Premarital Sex

Percent of 15-24 year olds reporting first sexual experience before marriage



SOURCE: Reproductive Health Survey Romania, 1999.

## Other Highlights

- The ideal family size for both men and women in Romania is two children, with very little variation according to demographic characteristics and practically no change from 1993 to 1999.
- Though almost all pregnant women receive prenatal care (89 percent), only 12 percent of births receive adequate or better prenatal care as defined by U.S. standards.\*
- Almost all women and men of reproductive age have heard about HIV/AIDS, but far fewer know about how the virus is transmitted and ways to prevent it. About 70 percent know that a person can be infected with HIV without having symptoms.
- One-third of sexually experienced women had a routine gynecological exam in the past year (or one-half within the past three years).
- One-sixth of sexually experienced women report ever having a cervical cancer screening.

\* Adequacy of prenatal care is assessed using the Kotelchuck index, which is based on the month when prenatal care begins and the percentage of recommended visits received, adjusted for length of gestation and gestational age.

Increasing premarital sexual activity poses increased risks of unintended pregnancies, abortions, and STIs, including HIV/AIDS.

While overall levels of sexual experience differ little between urban and rural areas, premarital sex is much higher among young women in urban areas than among those in rural areas. Women in rural areas are more likely to marry at a younger age and to grow up in families and communities with strong traditional values. Still, more than one-third of young adults having their first premarital sexual experience are not using contraception, either because they are not concerned about the risks of unprotected sex or they do not have accurate information about or access to contraception.

Pregnancy rates among sexually experienced young women declined slightly during the 1990s, probably as a result of increased use of modern contraceptives. Increasing numbers of young women reported using contraception at the time of first premarital sexual experience (58 percent in 1999 compared to only 26 percent in 1993). Similarly, among young men, use of condoms at first premarital sex increased from 35 percent to 64 percent during that time period.

## Violence Against Women

The 1999 RHS provides the first national data on spousal abuse, which has come to be recognized as a significant public health concern. The survey measured both lifetime experience and recent experience (in the past year) of abuse from an intimate partner—also known as domestic violence and most commonly perpetrated by men against women.

Twenty nine percent of women in Romania reported having ever been physically abused by their spouse and 10 percent reported abuse during the last year (see Figure 5). These represent the highest levels of reported violence in six countries in Eastern Europe and Eurasia where comparable surveys were conducted.<sup>3</sup> Men reported inflicting similar levels of abuse, providing evidence that the survey data is consistent.

Domestic violence affects women's physical, mental, and economic well-being, including their reproductive health. It is slightly more common in rural than urban areas, and among women with lower levels of education and more children—women who are also less likely to have access to health care and other needed services.

These survey findings have been instrumental in bringing about legal and programmatic changes in Romania to prevent spousal abuse. Until 2002, existing laws did not address family violence. In 2003, the Romanian parliament passed a new law on preventing and combating family violence, requiring local governments to set up and operate shelters for victims of family violence. Other recent changes include revisions in the nation's penal code, a nationwide campaign to educate the public about domestic violence and its consequences, and increased awareness about domestic violence among health professionals.<sup>4</sup>

### Key Policy and Program Challenges

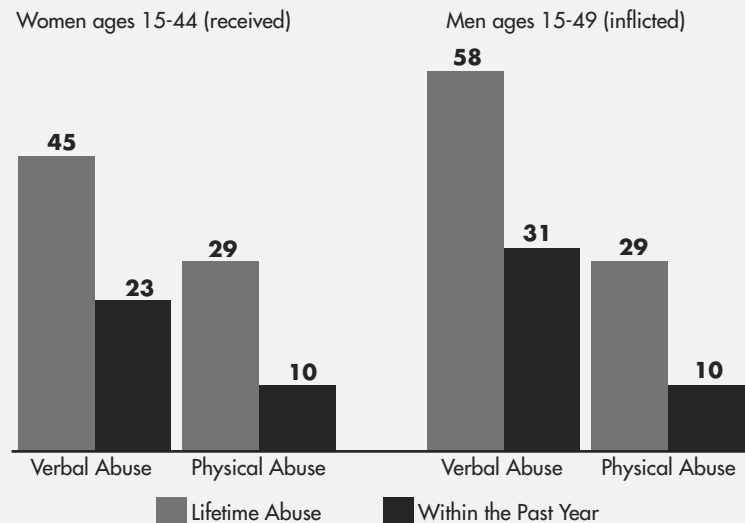
Based on evidence gathered during the 1990s, the Romanian government has developed and begun to implement comprehensive measures to improve women and men's reproductive health. The Romanian Sexual and Reproductive Health Strategy, adopted in 2003 and endorsed by the World Health Organization, was drafted following a consensus-building process among many governmental and nongovernmental stakeholders. The strategy is the first of its kind in Eastern Europe and Eurasia.

Even before the strategy was adopted, the government took steps that were consistent with the strategy's goals. For example, there are now new norms and regulations for providing family planning and reproductive health services, and a national plan to ensure the future availability of contraceptive supplies. A multifaceted approach toward reproductive health includes the following:

- Consistent with national health reform, family doctors are the gatekeepers of the health system and are entitled to provide a range of reproductive health services.
- The health system aims to guarantee accessibility to disadvantaged populations, including free contraceptives for those that cannot afford them.
- According to the health insurance law and its recent modifications, pre- and postnatal care and family planning services are free to all individuals regardless of their contribution to the health insurance fund.
- Local governments have been involved in expanding and marketing reproductive health services in their communities, adapted to local needs.

Figure 5

### Domestic Violence: Reported Lifetime and Recent Experience



SOURCE: Reproductive Health Survey Romania, 1999.

- Health education, including education on sexual and reproductive health is now included in Romanian schools as a result of a partnership between the Ministries of Health and Education.

A number of challenges remain to be addressed:

- Although dramatic efforts are underway to train health professionals to provide reproductive health services, particularly family planning, a significant number of service providers remain untrained.
- Some reproductive health services, such as contraceptives, are not included in the services covered by national health insurance.
- Post-abortion counseling and contraceptive services need to be expanded nationwide, to help women avoid repeat abortions.
- Prenatal care needs to be standardized and health providers need to be updated on the medical protocols for caring for pregnant women.
- User-friendly services for diagnosing and treating sexually transmitted infections need to be integrated into primary health care services.

To complement these efforts, education and health promotion efforts are needed nationwide to overcome a lack of awareness on a range of important reproductive health topics. For policymaker-

### For More Information

The survey findings presented here are drawn from *Reproductive Health Survey, Romania, 1999: Final Report*, published in September 2001 by the Romanian Association of Public Health and Health Management (RAPHHM) and the Centers for Disease Control and Prevention (CDC). The Romanian-language report can be obtained by contacting RAPHHM:

Romanian Association of Public Health and Health Management  
Strada Dr. Leonte 1-3  
76256 Bucuresti, ROMANIA  
Tel: 4021-212-6297

The English-language report can be obtained by contacting CDC:  
Division of Reproductive Health  
Centers for Disease Control and Prevention  
Mail Stop K-23  
4770 Buford Highway, NE  
Atlanta, GA 30341, U.S.A.  
Tel. 1-770 488-6200  
Fax 1-770 488-6242  
E-mail: [vhaynes@cdc.gov](mailto:vhaynes@cdc.gov)

sand program planners, surveys such as the RHS provide valuable data for developing, implementing, and evaluating reproductive health programs. In the future, additional surveys will be needed to monitor the success of today's efforts and identify areas of remaining need.

### References

- <sup>1</sup> Carl Haub, *2003 World Population Data Sheet*, (Washington, D.C.: Population Reference Bureau, 2003).
- <sup>2</sup> Charles F. Westoff, *Contraception and Abortion in 12 Countries: Recent Trends*. (Princeton, NJ: Population Resource Center, April 2003).
- <sup>3</sup> See *Reproductive Health Trends in Eastern Europe and Eurasia* (PRB, 2003) and *Reproductive, Maternal and Child Health in Eastern Europe and Eurasia: A Comparative Report* (CDC 2003).
- <sup>4</sup> Romanian Ministry of Health, 2002, cited in *Reproductive, Maternal and Child Health in Eastern Europe and Eurasia: A Comparative Report* (CDC 2003).

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